

09/5303

|                           |          |        |      |
|---------------------------|----------|--------|------|
| POSITION                  | INITIALS | ID NO. | DATE |
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Date     |
|-------|----------|
| Final | Original |
| 1     | 1/2/63   |
| 2     |          |
| 3     |          |
| 4     |          |
| 5     |          |
| 6     |          |
| 7     |          |
| 8     |          |
| 9     |          |
| 10    |          |
| 11    |          |
| 12    |          |
| 13    | ✓        |
| 14    | ✓        |
| 15    | ✓        |
| 16    | ✓        |
| 17    | ✓        |
| 18    | ✓        |
| 19    | ✓        |
| 20    | ✓        |
| 21    | X        |
| 22    |          |
| 23    |          |
| 24    |          |
| 25    |          |
| 26    |          |
| 27    |          |
| 28    |          |
| 29    |          |
| 30    |          |
| 31    |          |
| 32    |          |
| 33    |          |
| 34    |          |
| 35    |          |
| 36    |          |
| 37    |          |
| 38    |          |
| 39    |          |
| 40    |          |
| 41    |          |
| 42    |          |
| 43    |          |
| 44    |          |
| 45    |          |
| 46    |          |
| 47    |          |
| 48    |          |
| 49    |          |
| 50    |          |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 51    |          |
| 52    |          |
| 53    |          |
| 54    |          |
| 55    |          |
| 56    |          |
| 57    |          |
| 58    |          |
| 59    |          |
| 60    |          |
| 61    |          |
| 62    |          |
| 63    |          |
| 64    |          |
| 65    |          |
| 66    |          |
| 67    |          |
| 68    |          |
| 69    |          |
| 70    |          |
| 71    |          |
| 72    |          |
| 73    |          |
| 74    |          |
| 75    |          |
| 76    |          |
| 77    |          |
| 78    |          |
| 79    |          |
| 80    |          |
| 81    |          |
| 82    |          |
| 83    |          |
| 84    |          |
| 85    |          |
| 86    |          |
| 87    |          |
| 88    |          |
| 89    |          |
| 90    |          |
| 91    |          |
| 92    |          |
| 93    |          |
| 94    |          |
| 95    |          |
| 96    |          |
| 97    |          |
| 98    |          |
| 99    |          |
| 100   |          |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 101   |          |
| 102   |          |
| 103   |          |
| 104   |          |
| 105   |          |
| 106   |          |
| 107   |          |
| 108   |          |
| 109   |          |
| 110   |          |
| 111   |          |
| 112   |          |
| 113   |          |
| 114   |          |
| 115   |          |
| 116   |          |
| 117   |          |
| 118   |          |
| 119   |          |
| 120   |          |
| 121   |          |
| 122   |          |
| 123   |          |
| 124   |          |
| 125   |          |
| 126   |          |
| 127   |          |
| 128   |          |
| 129   |          |
| 130   |          |
| 131   |          |
| 132   |          |
| 133   |          |
| 134   |          |
| 135   |          |
| 136   |          |
| 137   |          |
| 138   |          |
| 139   |          |
| 140   |          |
| 141   |          |
| 142   |          |
| 143   |          |
| 144   |          |
| 145   |          |
| 146   |          |
| 147   |          |
| 148   |          |
| 149   |          |
| 150   |          |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)